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SERIAL NUMBER 10/764,424	FILING DATE 01/23/2004 RULE	CLASS 514	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. ORT-1520-USA-CNT
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APPLICANTS

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** CONTINUING DATA ****

This application is a CON of 10/042,425 10/25/2001 PAT 6,686,337 ✓
 which claims benefit of 60/244,225 10/30/2000, ✓

** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OK	0	8	2

Verified and Acknowledged
 Examiner's Signature Initials

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TITLE

Combination therapy comprising anti-diabetic and anticonvulsant agents

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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